wholly to our veterans across North Carolina. I ask you to join me in recognizing his long and honorable career.

Dr. Simel's hard work and leadership have been vital to the continued success of the Duke University School of Medicine. After being the Associate Chief of Staff of Ambulatory Care for the Department of Veterans Affairs, he was named the Vice-Chair for Veteran's Affairs in the Department of Medicine. Both of these honorable positions have given Dr. Simel the opportunity to serve those who have served us, and he does so with integrity and discipline. The influential book of which he was co-author, The Rational Clinical Exam, is a comprehensive guide for patient exams, and has become a powerful reference tool for those in the field of medicine. He has been the recipient of several honors throughout his career, including the Joseph Greenfield, Jr. Award for Research Mentorship from the Duke University Medicine Housestaff in 2011, accepted the Barnett Berris, MD Lectureship from the University of Toronto in 2006, and was inducted as a member of the medical society of high achievement, Alpha Omega Alpha, in 1985.

Mr. Speaker, even as Dr. Simel has dedicated many years of his life to life-saving medical research and educating future physicians, he has managed to remain a devoted father and husband to his family. He and his wife, Dr. Joanne Piscitelli, have three accomplished children: Lauren, Michael, and Bryan. All of his children were active in soccer and basketball growing up, and Dr. Simel rarely missed a game. They maintain a strong tradition of an annual family trip to Hilton Head, South Carolina, during the summer during which the entire family participates in baseball games and sandcastle building competitions. Dr. Simel and his wife also share a passion for bike riding that has taken them around the world. Together they have visited Tuscany, the Canadian Rockies, Patagonia, Vermont, and Slovenia, with Argentina and Nova Scotia planned for later this year.

Mr. Speaker, Dr. Simel's enduring commitment to his family, his students, his patients, and our veterans makes him an exemplary citizen, and someone that I am proud to know. His passion for medicine and improving the health of others will continue to benefit North Carolina for many years to come. Please join me in honoring Dr. David Simel for his intelligence, compassion, and selfless dedication. I pray that he and his family may receive God's richest blessings.

SEEKING A CURE FOR PANCREATIC CANCER

HON. TIM GRIFFIN

OF ARKANSAS

IN THE HOUSE OF REPRESENTATIVES

Tuesday, December 3, 2013

Mr. GRIFFIN of Arkansas. Mr. Speaker, I rise today to talk about the devastating disease pancreatic cancer.

Pancreatic cancer is the fourth largest cause of cancer deaths in the United States. With a five-year survival rate of just six percent, it is one of the scariest and most difficult cancer diagnoses a person can receive.

Hope is found in outstanding treatment and research facilities, such as the Winthrop P. Rockefeller Cancer Institute, located in Central Arkansas, which I represent.

It is also found in the work of scientists and advocates, such as the Pancreatic Cancer Action Network, whose Arkansas chapter tirelessly advances awareness of the disease and supports the researchers seeking cures.

During the 112th Congress, the Recalcitrant Cancer Research Act, which I supported, was signed into law. Passing this bill was a huge step forward for cancer research.

Federal research grants provide the seed money pancreatic cancer researchers need to identify specific risk factors and develop early detection methods—all of which someday, hopefully, will lead to a cure.

Cancer research relies on the certainty that critical research funds will be available into the future.

But, we can make these investments only when our Nation's spending priorities are in order.

America has what I call a Pac-Man problem: autopilot spending is driving up our debt and swallowing up our ability to fund programs like medical research, transportation improvements, and health care for our veterans.

Nearly two-thirds of our Federal budget is auto-pilot, mandatory spending including Medicare, Medicaid, Social Security, and interest on our debt.

Unless we save and strengthen these programs for the future, Pac-Man will continue to swallow up the dollars we'd like to invest in research to fight deadly diseases including pancreatic cancer.

I have long supported critical funding for research and will continue to do so.

I will also continue to fight to reform the drivers of our debt because, unless we do, our Nation will have even fewer resources to direct toward the research and treatments that will save American lives.

IN RECOGNITION OF THE 100TH ANNIVERSARY OF THE SOUTH SAN FRANCISCO UNIFIED SCHOOL DISTRICT

HON. JACKIE SPEIER

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Tuesday, December 3, 2013

Ms. SPEIER. Mr. Speaker, I rise to honor the 100th anniversary of the South San Francisco Unified School District in San Mateo County, California. This K–12 school district serves over 9,000 students in 15 schools in South San Francisco, San Bruno and Daly City.

As a South San Francisco native, I received my early education in primary and middle school at Magnolia, Spruce and Parkway from 1955–64. There is no question that the years in the South San Francisco school district molded my life.

Today, the South San Francisco Unified School District has nine elementary schools, three middle schools, two comprehensive high schools, one continuation high school and one adult school, but its beginnings were very humble. In 1866, an elementary district was formed under the original name of San Bruno District. In 1878, a one-room school near the railroad station known as ''Twelve Mile House'' became the first school in the area. It had one teacher and three trustees. The first major school in the area was built around 1885. Baden Avenue School had four rooms, a library, a principal's office and sanitary arrangements outside the building.

In 1913 the high school district was established. Four years later, South San Francisco High School graduated its first class of three proud seniors on the new campus on Spruce Avenue. The flu epidemic of 1918 took a serious toll on the area. All schools were closed and the high school was converted into a soup kitchen.

From the 1920s through 1940s, the district built several schools, including Martin, Magnolia and Grand Avenue Schools. Buildings were expanded, renamed, demolished and replaced. The district was able to serve its students. That changed after World War II when the post-war baby boom created a shortage of schools. South San Francisco's population doubled to almost 40,000 and 40 percent of them were under 18. The district embarked on a massive construction project and built seven schools—Parkway Intermediate, El Camino High School, Ponderosa Elementary, Serra Vista Elementary, Monte Verde School, Foxridge Elementary and Skyline Elementary.

In the 70s, Magnolia and Spruce were closed due to seismic concerns and Avalon and El Rancho were closed and sold. In the 80s, Southwood Junior High School closed and Parkway, Alta Loma and Westborough converted to a middle school format.

With continuing declining enrollment, Foxridge and Serra Vista closed in 1992. Parts of Foxridge were leased to a childcare facility and Serra Vista eventually became the home of the NCP College of Nursing. In 2005, Hillsdale Elementary closed its doors and the facility was leased to Mills Montessori Schools. While the school district has experienced expansions and contractions over the last century, it has always kept the focus on quality education and lifelong learning. The 439 teachers, Superintendent Alejandro Hogan and the Board of Trustees are committed to educating our future generations and to giving them the tools to achieve their highest potentials.

Plato said over two millennia ago: ''The direction in which education starts a man will determine his future in life.''

Mr. Speaker, I ask the House of Representatives to rise with me to commend the South San Francisco Unified School District for having started thousands of students in the right direction.

ESTABLISHING AN ADVISORY COMMITTEE ON TICK-BORNE DISEASES

HON. CHRISTOPHER H. SMITH

OF NEW JERSEY

IN THE HOUSE OF REPRESENTATIVES

Tuesday, December 3, 2013

Mr. SMITH of New Jersey. Mr. Speaker, Patricia Smith, a constituent of mine from Jackson, New Jersey and the President of Lyme Disease Association, Inc., LDA, recently testified before the House Energy and Commerce Health Subcommittee regarding the need to establish an advisory committee on Tick-Borne Diseases. I would like to submit her compelling testimony from the hearing, entitled ''Examining Public Health Legislation to Help Local Communities,'' for the RECORD:

Chairman Pitts and Committee Members, Thank you for allowing me to testify on the need to establish an advisory committee on Lyme disease to ensure that government resources are being appropriately used to move forward the field of science and treatment in an area that is fraught with political, scientific, and medical obstacles, yet is dominating discussion on the worldwide stage. In 2009, the Centers for Disease Control & Prevention (CDC) indicated that Lyme surpassed HIV in incidence followed by a 2013 announcement confirming a 10-fold under-reporting of Lyme cases, estimating 300,000 Lyme cases annually. A 2001 National Institutes of Health (NIH) sponsored study found that the impact of Lyme disease on physical health status was at least equal to the disability of patients with congestive heart failure or osteoarthritis, was greater than those observed in type II diabetes or in recent myocardial infarction, and chronic pain contributing to impairment was similar to that reported by patients with osteoarthritis. Couple those facts with Lyme spreading worldwide to 80 countries and the discovery of many newly emerging tick-borne pathogens being carried by many different ticks, then the passage of HR 610 is long overdue.

The LDA just revised its comprehensive education and prevention brochure, LymeR Primer, which went from featuring 7 tick-borne diseases (TBD) in 2009 to 15 diseases. Besides Lyme disease, there are at least 15 other TBD of concern in the US: anaplasmosis; babesiosis, bartonellosis; ehrlichiosis; Rocky Mountain Spotted fever; Colorado tick fever; Q fever; tick paralysis; tularemia; Powassan encephalitis; STARI, a Lyme-like disease often with the same rash, transmitted by a lone star tick bite, pathogen cause unknown, but may be a bacteria similar to the Lyme bacteria; Rickettsia parkeri Ricketsiosis found increasingly along the Gulf Coast and in the South; Borrelia miyamotoi, a tick-borne bacteria which had been producing disease outside the US, now found in the US; newly found Ricketsia species 364D in the Pacific Region; and a newly discovered tick-borne virus in Missouri, Heartland, carried by the lone star tick. One tick-bite can give someone more than one disease.

My education on Lyme began almost 30 years ago as a NJ Board of Education member whose district had a large number of students and staff out with Lyme disease. Then, only a few US ticks were recognized as major health threats to humans. Now, many ticks in the US are causing more human diseases, ticks including Ixodes scapularis (deer, black legged), Amblyomma americanum (lone star), Dermacentor variabilis (American dog), Dermacentor andersoni (Rocky Mt. wood), Ixodes pacificus (western black legged), Amblyomma maculatum (Gulf Coast), and Dermacentor occidentalis (Pacific Coast).

My Lyme work, including 17+ as president of the national volunteer-run non-profit Lyme Disease Association (LDA), has kept me in close contact with patients nationwide. The complicated nature of Lyme disease, the difficulty in diagnosis, and lack of recognition by some in the medical community have exacerbated the plight of patients and their families, many of which contain more than one Lyme victim. Medical bills rise; jobs are lost; education is interrupted. Divorce is not an uncommon result in these families, further complicating the picture. Often, the families are forced to seek government help, government which is already burdened with more debt than it is able to handle.

Children have always been at the highest risk of acquiring Lyme disease. Based on CDC's Lyme reported cases numbers from 2001–2010 by age, LDA estimated that 37% of reported cases were children. Using 1990–2011 CDC reported numbers adjusted for 10-fold underreporting, LDA found that 1,590,449 children have developed Lyme disease over that period. Many more children were probably clinically diagnosed but not included in the CDC surveillance figure, which uses a strict reporting definition not meant for clinical diagnosis. These are children who often go on to develop chronic Lyme disease—who often miss months/years of school and have their childhood destroyed. Showering, walking, talking, thinking can be a problem, and serious pain is a daily challenge. A 1998 Columbia University study documents improvement in IQ of 22 points in a 16 year-old after IV treatment for Lyme disease.

A 1992 CDC/NJ Department of Health study in NJ of 64 school children with Lyme showed that the median duration of Lyme at time of interview was 363 days; the median number of days the illness was said to have significantly affected normal activities was 293; the mean number of total school days lost was 140; the mean duration of home instruction, 153 days. Only 26% of children under study were said to have fully recovered.

The direct medical costs per case incurred by 54 case-patients totaled $5.2 million, $8.7 million in CPI adjusted 2013 dollars. The mean estimate was $96,569 ($274,412–2013); and costs of $100,000 ($166,891–2013) or greater were incurred by more then 1/5 of children. Some indirect costs were assessed totaling about $15,000 ($ 25,034–2013) due to lost time caring for patient and parents' lost time transporting children to medical treatment.

A 2001 Columbia study showed children with Lyme disease had significantly more cognitive and psychiatric disturbances. Cognitive deficits were still found after controlling for anxiety, depression, and fatigue. Lyme disease in children may be accompanied by long-term neuropsychiatric disturbances, resulting in psychosocial and academic impairments. Regarding depression, parents indicated that 41% of children with LD had suicidal thoughts, 11% had made a suicide gesture.

Early intervention and appropriate treatment are the answers for patients with Lyme to prevent the development of chronic Lyme disease, aka, Post Treatment Lyme Disease, late disseminated Lyme, persistent Lyme, Post Lyme Disease Syndrome, etc. While discussions continue on the justifications for the various terms used for chronic Lyme disease, we cannot allow the semantics to eclipse the need for research on chronic Lyme, the area producing the most human suffering and receiving the least research funding. According to a new Columbia University Lyme study, based upon 10-fold underreporting and on 10% of newly infected and treated patients developing symptoms that persist for more than 6 months, ''the actual incidence of new chronic cases (PTLS) is . . . 30,000.''

Currently, many major health threats including chronic fatigue have an advisory committee. Lyme disease does not, placing its patients and advocates at a great disadvantage. We have lobbied for a research agenda which includes more effective treatments for Lyme and other TBD and better diagnostics, including detection of active infection. B. burgdorferi was recognized in 1981 to cause Lyme, almost 33 years ago, yet the two-tier testing system endorsed by CDC is very specific for Lyme disease (99%), so it gives few false positives, but according to some sources, the tests have a uniformly low sensitivity (56%)—missing 88 of every 200 patients with Lyme disease. Yet HIV was identified as the cause of AIDS in 1984, and tests were developed within a few years after and are 99% sensitive and specific. Moreover, Lyme has not attracted industry funding for treatment approaches, which has allowed patients to develop severe mental and physical disabilities from the disease without help from science. There is also a need for educating doctors and the public about the state of the science regarding these diseases.

The above agenda requires the establishment of a venue where government agencies working on diverse aspects of tick-borne diseases (e.g., CDC surveillance, testing; NIH research funding-clinical trials, as well as basic and translational research; FDA drug, vaccine and device approvals; USDA research into natural tick prevention strategies; EPA tick prevention strategies) can present their activities, submit their proposed TBD agenda, and receive input from committee members who represent a wide variety of stakeholders with diverse scientific viewpoints on development of new diagnostics, treatment methods, and prevention strategies. Utilizing this format, government would ensure its agencies were providing the most judicious use of human and financial resources for Lyme and TBD. Using an already established federal advisory committee format ensures that the committee is only advisory in nature—committee members would not control nor dictate agency agendas, a concern that has been expressed by an outside group in the past. However, those agencies should not be insulated from the public input and diverse scientific viewpoints this committee would provide in shaping an agenda and ensuring the wise use of tight federal dollars, which are provided by taxpayers. Another concern might be whether an advisory committee is worth the costs, including time, to support the operation of the committee. In the case of Lyme disease, the history of the past decades should lead to an easy yes.

One does not have to be a scientist to realize that it is premature and unwise to preclude further clinical trials studying a broader range of treatment regimens when there are numerous major and significant aspects of the bacteria's known pathophysiology which have not been accounted for in studies conducted to date, when there are still many unknowns in that pathophysiology, and when we are learning more every day. While our knowledge of the pathophysiology of the bacteria continues to evolve, we must be open to additional clinical trials to document and establish better treatment regimens. There is preliminary evidence for more effective regimens, and a specific forum for open dialogue can help ensure we move forward and don't get waylaid.

An open dialogue also could only improve the process of utilizing the pool of competent researchers—not in any manner that would interfere with established fair and open processes for grant-making, but only to increase awareness. It's a fact that a small number—a handful—of Lyme researchers have individually received many millions of federal research dollars, many of whom shared the same set of biases and perspectives. Common biases and perspectives are not objectionable if they are based upon the best scientific evidence; open dialogue, information sharing, and transparency can help safeguard the process and the taxpayers' money.

Patients want research which will restore their health. Their voice and the voice of the clinicians must be given the necessary weight to legitimize the research agenda and the research process. Truth in science can be achieved through open discussion with diverse viewpoints in an independent process free from bias and conflicts of interest. The scientific process fails when one side of a debate controls the arena and sets the rules to ensure that its viewpoint prevails.

PATRICIA V. SMITH LYME DISEASE ASSOCIATION

MAJOR POINTS SUMMARY

1. Lyme disease is increasing in numbers and range worldwide, with CDC announcing U.S. cases are 300,000 annually. It is found in about 80 countries worldwide.

2. A government study has indicated the impact of Lyme disease on patients is as severe as disability of patients with congestive heart failure or osteoarthritis, is greater than those observed in type II diabetes or in recent myocardial infarction, and chronic pain contributing to impairment is similar to that reported by patients with osteoarthritis.

3. Other tick-borne diseases are being discovered with greater frequency and people are becoming co-infected with a number of diseases.

4. More ticks are spreading different diseases to humans.

5. My work with the Lyme Disease Association has put me in close contact with patients who are sick and have other family members with the disease, which is costly to them financially and also impacts education and family structure.

6. Children are at the highest risk of acquiring Lyme disease. They often miss long periods of school and experience cognitive difficulties, severe pain, and may attempt suicide related to their Lyme disease.

7. There is a need for HR 610 creating an advisory committee which will permit all stakeholder input, including treating physicians, patients, and advocates, to be presented to government agencies. Currently patients have no voice.

8. The Committee would ensure that all sides of the science would be factored into the decision making process.

9. Government agencies need to interact with other government agencies, each bringing different perspectives and priorities to the table.

10. Having diverse stakeholders at the table ensures all perspectives are heard to develop a comprehensive coordinated approach to tick-borne diseases, helping ensure that government funding is used widely.

11. Truth in science can be achieved through open discussion with diverse viewpoints in an independent process free from bias and conflicts of interest.

40TH ANNIVERSARY COMMEMORATION FOR FORMER VIETNAM WAR POW MR. RAYMOND VOHDEN

HON. FRANK R. WOLF

OF VIRGINIA

IN THE HOUSE OF REPRESENTATIVES

Tuesday, December 3, 2013

Mr. WOLF. Mr. Speaker, I rise today to recognize the 40th anniversary of the release of U.S. Navy Captain, Raymond A. Vohden (RET) as a prisoner of war (POW) during the Vietnam War, who was one of almost 600 Americans held captive during the Vietnam War.

In April 3, 1965, Lt. Cdr. Ray Vohden was carrying out a combat mission when his A4C bomber was shot down over North Vietnam. He was captured by the North Vietnamese and held in various POW camps around Hanoi. After enduring almost eight years as a POW, he was released in February 1973.

During his time in prison, he was subjected to torture, isolation and rudimentary medical care. Telling of his strength and courage during this ordeal, he was on crutches the entire time of his captivity. He suffered a compound fracture in his right leg as a result of being shot down. Upon his return home, he underwent several surgeries to save and repair his leg and avoid amputation.

Capt. Vohden joined the US Navy in 1953 after receiving his Bachelor's degree from Rutgers University the year before. During college, he played football and wrestled and finished his collegiate career as an all-American wrestler. His thirty-two year military career began when he earned his wings in 1954. He went on to fly fighter jets for four years and then serve as a flight instructor for three years. At the time of his capture, he was a Lieutenant Commander and Operations Officer of a jet attack squadron on the USS Hancock. After his eight years as a POW, he served three years as the head of the Pentagon's POW/MIA taskforce and three years as superintendent of the U.S. Naval Observatory before retiring in 1986.

Since then, Capt. Vohden has lived a quiet life in Virginia's 10th District, where he raised his family and has enjoyed retirement. He has stayed active with other Washington, D.C. area POWs and has helped raise awareness about the struggle endured during their captivity. In 1999, he testified before the House International Relations Committee during its investigation on the "The Cuba Program: Torturing of American POW's by Cuban Agents" and served as the senior participant in a small program which was referred to as the "Fidel Program." In addition, after years of writing, he self-published his account as a POW in 2009, entitled "A Story of the Fifth longest Held POW in US History—First POW released at Homecoming."

Capt. Vohden has lived a life of integrity and courage. He is a model of perseverance and sacrifice to whom our country is deeply indebted.

Mr. Speaker, today we should honor the 40th anniversary of his release. Please join me in thanking this American hero for his remarkable service.

IN SUPPORT OF PASSAGE OF THE MISCELLANEOUS TARIFF BILL

HON. GENE GREEN

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

Tuesday, December 3, 2013

Mr. GENE GREEN of Texas. Mr. Speaker, I rise today in support of our nation's manufacturers, workers, and consumers, and urge the House to bring the Miscellaneous Tariff Bill (MTB) to a vote immediately.

The MTB is critical for the competitiveness of American manufacturers. The savings from the MTB goes to support manufacturing jobs, allows for reinvestment in capital expenditures and research and development, and decreases the costs of manufacturing in the United States by providing tariff reductions on inputs that are not available domestically.

For a small to medium sized manufacturer, this savings can mean one to two manufacturing jobs.

The last MTB expired at the end of 2012, resulting in higher costs for manufacturers and harming job growth. The National Association of Manufacturers (NAM) has found that the expiration of the MTB will result in a $748 million tax on manufacturing in the United States and economic losses amounting to $1.86 billion over the next three years.

The same study estimated that passage of the MTB in 2010 supported 90,000 manufacturing jobs in the United States and increased our GDP by $3.5 billion.

An MTB tariff suspension is not, as some have suggested, an earmark.

The process is transparent and bipartisan, with an intensive and transparent vetting process involving Congress, the USITC and other federal agencies, and industry. Any company that imports a product on which the duties have been suspended or reduced can benefit, regardless of location in the United States.

Duty suspensions help reduce costs to the entire supply chain from the manufacturer to the customer.

At a time when the American people are tired and frustrated with the lack of progress coming from their elected representatives in Congress, the MTB offers this chamber an opportunity to passage legislation that has wide bipartisan support and will increase competitiveness, create jobs, and lower prices for consumers.

This is a clear win-win for the American people and I urge the House to take up the MTB before the end of the calendar year.

IN RECOGNITION OF ARTHUR ROY JENSEN

HON. JACKIE SPEIER

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Tuesday, December 3, 2013

Ms. SPEIER. Mr. Speaker, I rise to honor Arthur Roy Jensen on the day he is retiring after a remarkable career serving water customers of the Bay Area for 37 years. Art has served as the CEO of the Bay Area Water Supply & Conservation Agency since its creation ten years ago.

I had the great honor to work closely with Art on the creation of BAWSCA while I was in the California Legislature. BAWSCA is tasked with protecting the health, safety and economic well-being of water customers in San Mateo, Santa Clara and Alameda counties who depend on the Hetch Hetchy water system.

Art, as the father of BAWSCA, he led the agency ably for 10 years. He has always been smart, strategic and exceptionally knowledgeable about water—California's gold.

Starting in 1995, Art was the General Manager of the Bay Area Water Users Association (BAWUA), BAWSCA's predecessor. In 2002, the California Legislature authorized the multi-county agency and in 2003 it was formed. BAWSCA has three goals: a reliable supply, high quality water and a fair price. Today it serves 1.7 million residents, 30,000 businesses and thousands of community organizations.

Under Art's leadership, the agency has negotiated a 25-year water supply agreement with San Francisco that saves residents in San Mateo, Santa Clara and Alameda millions of dollars, created regional water conservation programs, brokered an agreement to share limited water supplies during droughts, and initiated a long-term reliable water supply strategy, among many other concrete results.